01 **HEALTH SYSTEMS CAPACITY INDICATOR**	**The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 – 493.9) per 10,000 children less than five years of age.**

GOAL

To reduce asthma hospitalization for children less than five years old.

DEFINITION

Numerator: Number of resident asthma (ICD-9 codes: 493.0 – 493.9) hospital discharges for children less than five years old.
Denominator: Estimate of all children less than five years old in the State.
Units: 10,000 **Text:** Rate per 10,000

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 24-2a: Reduce hospitalization for asthma in children 0-5 to no more than 25 per 10,000. (Baseline: 1997, 60.9 per 10,000)

DATA SOURCES and DATA ISSUES

Numerator: State hospital discharge data.
Denominator: State population estimates, Bureau of Census data.

SIGNIFICANCE

Asthma is one of the few medical problems that may be used to measure the extent to which children are receiving quality disease preventive care and health promotion education. Access to and utilization of appropriate medical care can often prevent severe episodes of asthma. Increased asthma hospitalization rates may be a consequence of inadequate outpatient management and diminished access to a medical home.

02
HEALTH SYSTEMS CAPACITY INDICATOR

The percent Medicaid enrollees whose age is less than one year who received at least one initial or periodic screening.

GOAL

To increase the adequacy of primary care for Medicaid enrollees.

DEFINITION

Numerator: Number of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.
Denominator: Number of Medicaid enrollees whose age is less than one year.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective

DATA SOURCES and DATA ISSUES

Numerator: State Medicaid claims files or EPSDT visits for the reporting period.
Denominator: State Medicaid program enrollees for the reporting period. The assumption is that all Medicaid enrollees whose age is less than one year should have at least one initial well child or EPSDT visit.

SIGNIFICANCE

The EPSDT program is a national initiative to provide quality comprehensive services to all Medicaid eligible children. Increasing access to comprehensive, family-centered, community-based, culturally competent care for the medically under served populations of the State is the first step toward establishing a medical home and a regular source of care.

03
HEALTH SYSTEMS CAPACITY INDICATOR

The percent State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

GOAL

To increase the adequacy of primary care for SCHIP enrollees.

DEFINITION

Numerator: Number of SCHIP enrollees whose age is less than one year during the reporting year who received at least one initial or periodic screen.
Denominator: Number of SCHIP enrollees whose age is less than one year.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective.

DATA SOURCES and DATA ISSUES

Numerator: SCHIP program claims files for well child visits, or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits for the reporting period.
Denominator: SCHIP program enrollees for the reporting period. The assumption is that all SCHIP enrollees whose age is less than one year should have at least one initial well child or EPSDT visit.

SIGNIFICANCE

The EPSDT program is a national initiative to provide quality comprehensive services to all Medicaid eligible children. Some states include the EPSDT program as part of the SCHIP coverage With the help of public/private partners, increasing access to comprehensive, family-centered, community-based, culturally competent care for the medically under served populations of the State is the first step toward establishing a medical home.

04
HEALTH SYSTEMS CAPACITY INDICATOR

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

GOAL

To increase the adequacy of prenatal care utilization.

DEFINITION

Numerator: Number of women (15 through 44) during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.
Denominator: All women (15 through 44) with a live birth during the reporting year.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-16b: Increase to at least 90 percent the proportion of all live born infants whose mothers receive prenatal care that is adequate or more than adequate according to the Adequacy of Prenatal Care Utilization (Kotelchuck) Index. (Baseline: 74 percent of live births in 1995)

DATA SOURCES and DATA ISSUES

State vital statistic records are sources of this data.

SIGNIFICANCE

Adequate prenatal care is an effective intervention that improves pregnancy outcomes, including reducing infant mortality. The two-part (Kotelchuck) Adequacy of Prenatal Care Utilization Index combines independent assessment of the timing of prenatal care initiation and the frequency of visits received after initiation.

05
HEALTH SYSTEMS CAPACITY INDICATOR

Comparison of health system capacity indicators for Medicaid, Non-Medicaid, and all MCH populations in the State.

GOAL

To eliminate disparities in pregnancy health outcomes in Medicaid, non-Medicaid, and all populations in the State.

DEFINITION

The table for Health Systems Capacity Indicator 05 is on Form 18 (Medicaid and SCHIP data). The table compares low birth weight (<2,500 grams), infant deaths per 1,000 live births, initiation of prenatal care during first trimester of pregnancy, and adequacy of prenatal care (Kotelchuck Index) by the population groups; maternal Medicaid recipient, maternal non-Medicaid recipient, and total maternal population. The table is completed with the appropriate number in the Medicaid, non-Medicaid, and total State population cells for the specified reporting year.

HEALTHY PEOPLE 2010 OBJECTIVE

No specific HP 2010 objective.

DATA SOURCES and DATA ISSUES

Birth certificates with payment source, linked Medicaid files.

SIGNIFICANCE

Adverse health outcomes disproportionately affect the poor. Enrollment and participation in the State Medicaid, SCHIP, or other programs (food stamps, WIC, AFDC/TANF) may not eliminate the disparity in pregnancy outcomes by socioeconomic status, race and/or ethnicity. The quality of services provided to pregnant women and their newborns should be evaluated to identify barriers to comprehensive, family-centered, community-based, culturally competent care.

06 HEALTH SYSTEMS CAPACITY INDICATOR	**The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**
GOAL	To increase State Medicaid and SCHIP enrollment for infants (0 to 1), children, and pregnant women.
DEFINITION	The table for Health Systems Capacity Indicator 06 is on Form 18 (Medicaid and SCHIP data). This table has cells for infants (0 to 1), children (specify age range), and pregnant women, by year and percent of poverty level required for program eligibility. Complete the cells with the appropriate percentage of poverty level for each of the three groups, and specify the reporting year. **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2010 OBJECTIVE	No specific Healthy People 2010 objective. Related Objective 1-1: Increase the proportion of persons with health insurance to 100 percent. (Baseline: 86 percent in 1997) Related Objective 1-4: Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care to 96 percent. (Baseline 93 percent in 1997)
DATA SOURCES and DATA ISSUES	State Medicaid and SCHIP programs.
SIGNIFICANCE	Adverse health outcomes disproportionately affect the poor. Infants (0 to 1), children, and pregnant women without private health insurance may not have access to medical care. Participation in the State Medicaid or SCHIP programs may positively impact health outcomes. Important features of Maternal and Child Health (MCH) State program evaluations should include eligibility thresholds, enrollment volume, program retention, transitions in coverage, and access to care.

07
HEALTH SYSTEMS CAPACITY INDICATOR

The percent of EPSDT eligible children Medicaid aged 6 through 9 years who have received any dental services during the year.

GOAL

To increase dental health services to EPSDT eligible children aged 6 through 9 years.

DEFINITION

Numerator: Total EPSDT eligible children aged 6 through 9 receiving any dental services in the reporting period.

Denominator: Total children aged 6 through 9 eligible for EPSDT in the State in the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 objective. Related objective 21-1b: Reduce the proportion of children with dental caries experience either in their primary or permanent teeth to 42 percent. (Baseline: 52 percent of children aged 6 to 8 years had dental caries experience in 1988-94) Related Objective 21-2b: Reduce the proportion of children with untreated dental decay in primary and permanent teeth to 21 percent. (Baseline: 29 percent of children aged 6 to 8 years had untreated dental decay in1988-94)

DATA SOURCES and DATA ISSUES

Revised HCFA-416. Form element numbers 1 and 12a.

SIGNIFICANCE

Dental caries is perhaps the most prevalent disease known. Except in its early stages, it is irreversible and cumulative. Children aged 6 through 8 are at an important stage of dental development. The importance of optimal oral health for these children is not only to their current oral functioning, but also for long-term health. Community water fluoridation, use of preventive services (sealants and topical fluoride treatments) and appropriate oral health behaviors decrease the chance that children will develop caries. Many children, particularly those in high-risk groups, do not receive adequate fluoride exposure or adhesive sealants, regular professional care, or oral hygiene instruction. For children from low-income families, a significant hurdle is paying for services.

08
HEALTH SYSTEMS CAPACITY INDICATOR

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitation services from the State Children with Special Health Care Needs (CSHCN) Program.

GOAL

For the State CSHCN program to provide rehabilitative services for blind and disabled children less than 16 years old receiving benefits under Title SVI, to the extent medical assistance for such services is not provided by Medicaid.

DEFINITION

Numerator: The number of State SSI beneficiaries less that 16 years old receiving rehabilitative services from the State's CSHCN program during the Federal fiscal year.

Denominator: The number of SSI beneficiaries less than 16 years old in the State.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 16-23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent. (Baseline: 15.7 percent of Territories and States met Title V for service systems for CSHCN in FY 1997)

DATA SOURCES and DATA ISSUES

State CSHCN and Medicaid programs and Federal Supplemental Security Income (SSI) program.

SIGNIFICANCE

Title V legislative requirements mandate the provision of rehabilitative services for blind and disable individuals under the age of 16 receiving benefits under the SSI Program to the extent medical assistance for such services is not provided by promoting family-centered, community-based care serves as a basis for States to establish a policy whereby all SSI disabled children are eligible to participate in or benefit from the State Title V CSHCN Program.

09(A)
HEALTH SYSTEMS CAPACITY INDICATOR

The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.

GOAL

To assure MCH program and Title V agency access to essential policy and program relevant information from key public health data sets relating to women, children, and families. To demonstrate core MCH data capacity.

DEFINITION

Form 19 for this Health Systems Capacity Indicator is a table with two questions about important databases that document the MCH programs' ability to obtain essential program and policy relevant information. Following the instructions, enter the degree to which these functions are implemented (1-3) and whether the State MCH program has direct access to the databases (Y/N).

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective. Related Objective 23-5: Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data – especially for select populations – are available at the Tribal, State and local levels.

DATA SOURCES and DATA ISSUES

The State Title V Agency.

SIGNIFICANCE

To carry out the 10 essential public health services, MCH programs need access to relevant program and policy information. This requires basic data capacity on the part of the Title V agency including the ability to monitor health status, to investigate health problems, and to evaluate programs and policies. One measure of this capacity is the availability and use by State MCH programs of key public health data sets related to women, children, and families.

09(B)
HEALTH SYSTEMS CAPACITY INDICATOR

The ability of States to monitor tobacco use by children and youth.

GOAL

To assure MCH program and Title V agency access to essential policy and program relevant information from key public health data sets relating to women, children, and families. To demonstrate core MCH data capacity.

DEFINITION

Form 19 for this Health Systems Capacity Indicator is a table with two questions about important databases that document the MCH programs' ability to obtain essential program and policy relevant information. Following the instructions, enter the degree to which the State participating in the surveys (1-3) and whether the State has direct access to the databases (Y/N).

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective. Related Objective 23-5: Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data – especially for select populations – are available at the Tribal, State and local levels.

DATA SOURCES and DATA ISSUES

Youth Risk Behavior Surveillance System or State survey data.

SIGNIFICANCE

To carry out the 10 essential public health services, MCH programs need access to relevant program and policy information. This requires basic data capacity on the part of the Title V agency including the ability to monitor health status, to investigate health problems, and to evaluate programs and policies. One measure of this capacity is the availability and use by State MCH programs of key public health data sets related to women, children, and families.

09(C)
HEALTH SYSTEMS CAPACITY INDICATOR

The ability of States to monitor overweight or obesity among children and youth.

GOAL

To assure MCH program and Title V agency access to essential policy and program relevant information from key public health data sets relating to women, children, and families. To demonstrate core MCH data capacity.

DEFINITION

Form 19 for this Health Systems Capacity Indicator is a table with two questions about important databases that document the MCH programs' ability to obtain essential program and policy relevant information. Following the instructions, enter the degree to which the State participating in the surveys (1-3) and whether the State has direct access to the databases (Y/N).

HEALTHY PEOPLE 2010 OBJECTIVE

No specific Healthy People 2010 Objective. Related Objective 23-5: Increase the proportion of Leading Health Indicators, Health Status Indicators, and Priority Data Needs for which data – especially for select populations – are available at the Tribal, State and local levels.

DATA SOURCES and DATA ISSUES

The Youth Risk Behavior Surveillance System (YRBSS), the Pediatric Nutrition Surveillance System (PedNSS), the WIC program data, or some other similar data source.

SIGNIFICANCE

To carry out the 10 essential public health services, MCH programs need access to relevant program and policy information. This requires basic data capacity on the part of the Title V agency including the ability to monitor health status, to investigate health problems, and to evaluate programs and policies. One measure of this capacity is the availability and use by State MCH programs of key public health data sets related to women, children, and families.